

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F96000006530**

Corporation Name

...P WORLDWIDE INC.

Principal Place of Business

3 BROADWAY  
NY 10019

Mailing Address

1633 BROADWAY  
NY NY 10019

**FILED**  
**Feb 10, 1999 8:00am**  
**Secretary of State**

02-10-1999 90009 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|                                                                            |  |                     |  |                                                                                                                                      |  |
|----------------------------------------------------------------------------|--|---------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| Principal Place of Business                                                |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br>12/13/1996                                                                                      |  |
| Suite, Apt. #, etc.                                                        |  | Suite, Apt. #, etc. |  | 4. FEI Number<br>13-3906555                                                                                                          |  |
| City & State                                                               |  | City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                             |  |
| Zip                                                                        |  | Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                          |  |
| Country                                                                    |  | Country             |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent                            |  |                     |  | 10. Name and Address of New Registered Agent                                                                                         |  |
| UNITED CORPORATE SERVICES, INC.<br>801 NE 167TH ST<br>N MIAMI BCH FL 33162 |  |                     |  | 81. Name                                                                                                                             |  |
|                                                                            |  |                     |  | 82. Street Address (P.O. Box Number is Not Acceptable)                                                                               |  |
|                                                                            |  |                     |  | 83. [REDACTED]                                                                                                                       |  |
|                                                                            |  |                     |  | 84. City                                                                                                                             |  |
|                                                                            |  |                     |  | 85. Zip Code<br>FL                                                                                                                   |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                       |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |  |  |
|----------------------------|-----------------------|---------------------------------|--|-------------------------------------------------------|-------------------------------------------------------------------|--|--|
| TITLE                      | DCP                   | <input type="checkbox"/> DELETE |  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | MCKELVEY, ANDREW J    |                                 |  | 1.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             | 1633 BROADWAY         |                                 |  | 1.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY-ST-ZIP                | NY NY 10019           |                                 |  | 1.4 CITY-ST-ZIP                                       |                                                                   |  |  |
| TITLE                      | DV                    | <input type="checkbox"/> DELETE |  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | EISELE, GEORGE        |                                 |  | 2.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             | 600 INTERNATIONAL DR  |                                 |  | 2.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY-ST-ZIP                | MT OLIVE NJ 07828     |                                 |  | 2.4 CITY-ST-ZIP                                       |                                                                   |  |  |
| TITLE                      | D                     | <input type="checkbox"/> DELETE |  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | GAULDING, JOHN R      |                                 |  | 3.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             | 115 MARGARITA DR      |                                 |  | 3.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY-ST-ZIP                | SAN RAFAEL CA 94901   |                                 |  | 3.4 CITY-ST-ZIP                                       |                                                                   |  |  |
| TITLE                      | D                     | <input type="checkbox"/> DELETE |  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | HOWARD, GRAEME K JR   |                                 |  | 4.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             | 2 PENN CTR PLAZA      |                                 |  | 4.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY-ST-ZIP                | PHILADELPHIA PA 19102 |                                 |  | 4.4 CITY-ST-ZIP                                       |                                                                   |  |  |
| TITLE                      | D                     | <input type="checkbox"/> DELETE |  | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | PALLU, JEAN-LOUIS     |                                 |  | 5.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             | 57 BIS BD EXELMANS    |                                 |  | 5.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY-ST-ZIP                | 75016, PARIS          |                                 |  | 5.4 CITY-ST-ZIP                                       |                                                                   |  |  |
| TITLE                      | D                     | <input type="checkbox"/> DELETE |  | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | SWANN, JOHN           |                                 |  | 6.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             | 49 LESMILL RD         |                                 |  | 6.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY-ST-ZIP                | DON MILLS, ON M3B 2T8 |                                 |  | 6.4 CITY-ST-ZIP                                       |                                                                   |  |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)